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## BIB DATA SHEET

CONFIRMATION NO. 9945

| SERIAL NUMBER  | FILING or 371(c)<br>DATE  | CLASS                         | GROUP ART UNIT  | ATTORNEY DOCKET NO.       |                                 |
|--|---|-------------------------------|---|---------------------------|---------------------------------|
| 10/723,736   | 11/26/2003  | 382                           | 2624  | 135059XZ/YOD<br>GEMS:0240 |                                 |
| <b>APPLICANTS</b><br>Gopal B. Avinash, New Berlin, WI;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/26/2004  |   |                               |   |                           |                                 |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/Amara Abdi /</u><br>Examiner's Signature | <input type="checkbox"/> Met after Allowance<br>Initials  | <b>STATE OR COUNTRY</b><br>WI | <b>SHEETS DRAWINGS</b><br>4   | <b>TOTAL CLAIMS</b><br>26 | <b>INDEPENDENT CLAIMS</b><br>10 |
| <b>ADDRESS</b><br>GE HEALTHCARE<br>c/o FLETCHER YODER, PC<br>P.O. BOX 692289<br>HOUSTON, TX 77269-2289<br>UNITED STATES  |   |                               |   |                           |                                 |
| <b>TITLE</b><br>Method for random point and patterned noise reduction in digital images  |   |                               |   |                           |                                 |
| <b>FILING FEE RECEIVED</b><br>1480   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                           |                                 |